New Hampshire Department of Environmental Services 29 Hazen Drive P. O. Box 95 Concord, New Hampshire 03301 (603) 271-3644 FAX (603) 271-2181



1-mar-2005

Registration for Underground Storage Tank Systems					
Type of Registration			State Use Only		
Instructions: Please type or print in ink all items except "signa must be completed for each location containing more than four (4) USTs are owned at this location sheets, and staple additional sheets to this form. and facility layout. (May be an accurate hand)	undergrou on, photod Also, pro	nd storage tanks. If copy the following	Site Number	Closed Tanks	
I. Facility Owner (Tank System Owner)		II. Location of Tanl	c Systems		
Owner Name		Facility Name			
Mailing Address		Street Address (DO NO	T USE POST OFFIC	CE BOX)	
City State	Zip Code	City		State Zip Code	
Phone Number (include area code) Extension		County			
III. Land Owner		IV. Stored Product	Owner		
Land Owner Name		Stored Product Owner Na	ame		
Mailing Address		Mailing Address			
City State	Zip Code	City	State	Zip Code	
Phone Number (include area code) Extension		Phone Number (include a	rea code) Extensi	ion	
V. Type of Owner		VI. Type of Facility			
Federal Gov't. Commercial		Gas Station Local Government Contractor		Utilities Aircraft Owner Farm or Residential	
State Gov't. Private		Petroleum Distribu State Government Trucking / Transpo	tor	Auto Dealership Railroad Industrial	
Local Gov't.		Air Taxi Federal - Military Federal - Non-Milit		Commercial Other (Explain)	
VII Cortification					
VII. Certification As facility owner I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.					
Print Name and Title of Owner:	Signatur	e:	·	Date Signed:	

VIII. Description of Underground Storage Ta				
List Compartment Tank System No. as 1a, 1b; 2a, 2b etc	Tank System No.	Tank System No.	Tank System No.	Tank System No.
1.Status of Tank System:				
Currently in Use Date Temporary Closed				
(less than 1" of substance stored)				
Date Permanently Closed (Removed or filled in place)				
Amended Information				
2. Date of Installation:				
3. Compartment Tank: List Each Tank's Compartment (gallons) in Separate Column.				
4. Estimated Total Capacity (gallons): (Identify tanks that are siphoned together)				
5. Substance Stored:				
2HO - # 2 Heating Oil GAS – Gasoline				
4HO - #4 Heating Oil JET - Jet Fuel				
6HO - #6 Heating Oil KER – Kerosene DSL – Diesel MOT - Motor Oil				
EMG - Emergency OTH - Other Generator Fuel Substance				
EMP – Empty UNK - Unknown Substance HAZ - Hazardous USE - Used / Waste Oil				
Substance				
6. Tank Material: Single wall (SW) / Double wall (DW)	SW DW			SW DW
Cathodically Protected Steel	SW DW	SW DW	SW DW	SW DW
Composite				
Fiberglass				
Steel				
Jacketed				
Concrete				
Lined				
Unknown				
Other, Please Specify				
7. Piping Material: Designate Primary (Prim) or Secondary (Sec) piping.				
Single wall (SW) / Double wall (DW)	SW DW	SW DW	SW DW	SW DW
Cathodically Protected Steel	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
Flexible	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
Fiberglass	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
Copper	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
Steel	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
PVC	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
HDPE	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.
Other / Unknown, Please Specify	Prim. Sec.	Prim. Sec.	Prim. Sec.	Prim. Sec.

8. Piping System:				
Suction (No Check Valve at Tank)				
Suction (Check Valve at Tank)				
Pressure				
Gravity				
Siphon				
Line Leak Detector (manufacturer)				
Date installed:				
9. Spill Buckets Installed (Date): Identify all Remote Fills				
10. Primary Overfill Device (Date):				
Ball Float				
Automatic Shut Off Valve				
Audible High Level Alarm				
Other				
11. Inventory Monitoring is Being Done:	Yes No	Yes No	Yes No	Yes No
12. Release Detection:				
Automatic Tank Gauge (date & manufacturer)				
Tank Interstitial Monitor (manufacturer)				
Piping Interstitial Monitor (manufacturer)				
Vapor Monitoring				
Groundwater Monitoring				
Line Tightness test				
Manual Tank Gauging				
Other				
13. Corrosion Protection:				
(Tank =T; Piping =P; Flex Conn or Fiittngs =F)	TPF	TPF	TPF	TPF
Sacrificial Anodes				
Impressed Current	TPF	TPF	TPF	TPF
Other	TPF	TPF	TPF	TPF
14. Tightness Testing:				
Tank (Date / Results)				
Piping (Date / Results)				
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15. System:				
Has Tank been repaired?				
Has piping been repaired?				

IX. Owners Financial Responsibility		
I have met the financial responsibility re	quirements in accordance with NH	Code of Administrative Rules (Env-Wm 1401.10).
		YN
implementation of corrective measures, and compensa (b) The amount of financial responsibility required sha	tion for third party damages in the amount equal not limit an owner's or operator's liability for	
.,,		
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X. Person Responsible for Maintenar	nce and Regulatory Compliance	
Name		
Mailing Address		
City	State	Zip Code
Phone Number (include area code)	 Extension	
	Extension	
XI. Contractor Certification		
		Section VIII is true to the best of my belief and atting UST systems regulated by Env-Wm 1401.
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Installer: Type or Print Name	Signature	Date:
ICC:		
Number Expiration Da	te Company	
XII. Stage I / Stage II Vapor Recovery	(Gasoline Systems Only)	
Annual Gasoline Throughput – All Grad		
Annual Gasoline Throughput – All Grad		
Year Total Through	nput (gal) Yea	r Total Throughput (gal)
Stage I	Stage II	Equipment
<u>Stage</u> I	<u>Otago II</u>	<u>Equipment</u>
Coaxial	Type Equipment	Total # of Dispensers
Two Point		Total # of Nozzles
Dry Break on Manifold		Total # of Gas Tanks
		Total # 01 Gas Talins
Tee on Vent Date of Installation	Date of Installation	
Date of installation	Date of installation	
Installer	Installer	